



Online RN Endorsement Application

CA BOARD OF REGISTERED NURSING



Application Overview

This screen-by-screen overview will assist you in completing the Online RN Endorsement Application through your BreEZe profile.

TIPS WHEN APPLYING:

- Submit your payment the same day you submit the online application. Applications submitted without payment will NOT be processed.
- Please fully read the instructions on each page and follow them carefully. You will NOT be able to make any changes to your application once it has been submitted.
- If you submit your online application and forgot to attach any required documentation to the application, you can submit the additional document(s) through your BreEZe account. When you log into your BreEZe account, the online application titled “Submit Additional Documents” is located at the Quick Start Menu under the “Applicant Activities” section.

Introduction

- Carefully read the Introduction screen, as it contains important information and helpful links, such as our current Processing Times.
- Please note that paid application fees are not refundable for any reason.

Introduction	14 - RN Endorsement - Introduction
Information Privacy Act	To qualify for endorsement into California as a registered nurse, you must hold a current and active license in another U.S. State/U.S. Territory or Canada, have completed an educational program meeting all California requirements and have passed the national licensure examination (NCLEX-RN) or acceptable five-part Canadian examination. The Canadian Comprehensive Examination is not acceptable.
Transaction Suitability Questions	If you do not possess these qualifications, you must apply for licensure by Examination. For further information click the following link: http://rn.ca.gov/online_services/breeze_online.shtml
Application Questions	The California Board of Registered Nursing will not issue a license if you are lacking any educational requirements. You must successfully complete an approved course(s) in that subject(s) before a California registered nurse license can be issued.
Name and Personal/Organization Details	The Registered Nurse endorsement application fee is an earned fee; therefore, if an applicant is found ineligible the application fee is not refundable.
Contact Details	Processing times may vary, depending on the receipt of documentation from academic programs, agencies and other states or countries. Current processing times can be found here: http://rn.ca.gov/times.shtml
Education History	Processing a Registered Nurse endorsement application indicating a conviction(s), disciplinary action(s) and/or voluntary surrender(s) may take longer.
Previous Name(s)	A pending application file is not a public record; therefore, an applicant must sign a release of information before the Board of Registered Nursing will release information to the public, including employers, relatives or other third parties.
Out of State RN License Information	Once you are licensed, your address of record must be disclosed to the public upon request. All requests for information are mandatory.
Work Location	Please refer to the General Instructions and Application Requirements regarding the Application to obtain Licensure by Endorsement for a Registered Nurse (RN). www.rn.ca.gov/pdfs/applicants/end-app.pdf
Healing Art Survey	California statutes and regulations pertaining to Registered Nurses may be obtained by contacting: LexisNexis at: www.lexisnexis.com/bookstore (search: California Nursing)
Discipline and Conviction Questions	Press "Next" to continue.
File Attachments	To save and exit this application, click on the "Cancel" button.
Application Summary	

[Next](#) [Cancel](#)

Information Privacy Act

- The Information Privacy Act screen contains information on the Information Practices Act, Section 1798.17 Civil Code. You must Agree to this section before continuing with the application.

Introduction	14 - RN Endorsement - Information Privacy Act
Information Privacy Act	INFORMATION COLLECTION AND ACCESS
Transaction Suitability Questions	The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.
Application Questions	Agency Name: Board of Registered Nursing
Name and Personal/Organization Details	Title of official responsible for information maintenance: Executive Officer
Contact Details	Address: P.O. BOX 944210, SACRAMENTO, CA 94244-2100
Education History	Telephone Number: (916) 322-3350
Previous Name(s)	Authority which authorizes the maintenance of the information: Section 30, Section 2732.1(a), Business and Professions code all information is mandatory.
Out of State RN License Information	The consequences, if any of not providing all or any part of the requested information: Failure to provide any of the requested information will result in the application being rejected as incomplete.
Work Location	The principal purpose(s) for which the information is to be used: To determine eligibility for licensure. Your social security number will be used for purposes of tax enforcement, child support enforcement and verification of licensure and examination status. Section 30 of the business and professions code and public law 94-455 (42 USCA 405(c)(3)(C)) authorize collection of your social security number. If you fail to disclose your social security number, you will be reported to the franchise tax board, which may assess a \$100 penalty against you. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.
Healing Art Survey	Any known or foreseeable interagency or intergovernmental transfer which may be made of the information: Possible transfer to law enforcement, other government agencies and reporting social security number to the franchise tax board or for child support enforcement purposes pursuant to Section 30 of the business and professions code. Each individual has the right to review the files on records maintained on them by the agency, unless the records are exempt from disclosure.
Discipline and Conviction Questions	Mandatory Reporter: Under California law each person licensed by the Board of Registered Nursing is a "Mandated Reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.
File Attachments	California Penal Code Section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.
Application Summary	Failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of \$1,000, or by both imprisonment and fine.
	For further details, consult Penal Code Section 11164 and subsequent sections.
	Press "Agree" to continue.
	To save and exit this application, click on the "Cancel" button.
	Agree Cancel

Transaction Suitability Questions

- The questions on this screen will determine if you are eligible to submit the Endorsement application.
- Please note that a valid U.S. Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is required to apply to the Board.

Introduction	14 - RN Endorsement - Function Suitability
Information Privacy Act	The following questions will determine if you are able to submit the online application.
Transaction Suitability Questions	Press "Previous" to return to the previous section.
Application Questions	Answer the questions and press "Next".
Name and Personal/Organization Details	To save and exit this application, click on the "Cancel" button.
Contact Details	
Education History	
Previous Name(s)	
Out of State RN License Information	
Work Location	
Healing Art Survey	
Discipline and Conviction Questions	
File Attachments	
Application Summary	

Question	Answer
Do you have a U.S. Social Security Number or Individual Taxpayer Identification Number?	<input type="radio"/> Yes <input type="radio"/> No
Did you pass the National Council Licensure Examination (NCLEX-RN), or the State Board Test Pool Examination (SBTPE) for Registered Nurses in the United States, or the five-part licensing examination in Canada?	<input type="radio"/> Yes <input type="radio"/> No
Do you possess a current and active license from another U.S. State/U.S. Territory or from Canada?	<input type="radio"/> Yes <input type="radio"/> No
Have you ever applied for RN licensure in California?	<input type="radio"/> Yes <input type="radio"/> No
Have you ever been issued a Registered Nurse license in California?	<input type="radio"/> Yes <input type="radio"/> No
Did you review the General Instructions and Application Requirements regarding the Application for RN Endorsement?	<input type="radio"/> Yes <input type="radio"/> No

The Board of Registered Nursing (BRN) does not accept applications without a U.S. Social Security Number or Individual Taxpayer Identification Number.

The Nursing Practice Act provides for a unified examination and licensing application. Once an application is deemed to have met all of California's requirements, a license is automatically issued. Under these circumstances the BRN cannot accept applications for examination and licensure without a U.S. Social Security Number or Individual Taxpayer Identification Number.

Pursuant to Section 30(c) of the Business and Professions code the BRN may not process any application for licensure unless the applicant provides a U.S. Social Security Number or Individual Taxpayer Identification Number. Section 30 of the Business and Professions code states in part:

30.(a) Notwithstanding any other provision of law, any board, as defined in Section 22, shall at the time of issuance of the license require that the licensee provide his or her Social Security Number or Individual Taxpayer Identification Number.

(b) Any licensee failing to provide the Social Security Number or Individual Taxpayer Identification Number shall be reported by the licensing board to the Franchise Tax Board and, if failing to provide after notification pursuant to paragraph (1) of subdivision (b) of Section 19528 of the Revenue and Taxation Code, shall be subject to the penalty provided in paragraph (2) of subdivision (b) of Section 19528 of the Revenue and Taxation Code.

(c) In addition to the penalty specified in subdivision (b), a licensing board may not process any application for an original license unless the applicant or licensee provides its Social Security Number or Individual Taxpayer Identification Number where requested on the application.

[Previous](#) [Next](#) [Cancel](#)

Application Questions

- On this page, you can request a Temporary RN License (will add a \$50 fee), specify the type of nursing program completed, and find other important information regarding fingerprints and military expedite information.

Introduction	
Information Privacy Act	
Transaction Suitability Questions	
Application Questions	
Name and Personal/Organization Details	
Contact Details	
Education History	
Previous Name(s)	
Out of State RN License Information	
Work Location	
Healing Art Survey	
Discipline and Conviction Questions	
File Attachments	
Application Summary	

14 - RN Endorsement - Application Questions

If the following questions are not applicable to your application, please change the response(s) to "No."
Answer the questions and press "Next" to continue.
Press "Previous" to return to the previous section.
To save and exit this application, click on the "Cancel" button.

Will you be requesting a Temporary License? If "Yes", this will add an additional \$50.00 to your application fee. For additional information please refer to section VIII of the Endorsement Application Instructions.	<input type="button" value="v"/>
Did you graduate from a Registered Nursing program located in the United States of America/US territory? For additional information, please refer to section VI of the Endorsement application instructions.	<input type="button" value="v"/>
Will you be submitting fingerprints via a fingerprint hard card? If "Yes", this will add an additional \$49.00 to your application fee. To request a fingerprint card or Live Scan form, refer to the following instructions below: REQUESTING FINGERPRINT CARD/LIVE SCAN FORM	<input type="button" value="v"/>
Have you served or are you currently serving in the military?	<input type="button" value="v"/>
Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the Armed Forces? If "Yes", refer to the following instructions below regarding MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS.	<input type="button" value="v"/>
Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces?	<input type="button" value="v"/>

REQUESTING FINGERPRINT CARD/LIVE SCAN FORM

Click here <https://www.dca.ca.gov/webapps/m/requests.php> to request a fingerprint hard card. Click here <http://www.rn.ca.gov/pdfs/applicants/livescan.pdf> to print the Live Scan form. The completed Live Scan form may be scanned and uploaded to the File Attachments section of this application.

MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS

Note: If you meet the military spouse or domestic partner requirements, please scan and attach the following documentation on the File Attachments section of this application (you may be asked to submit original documentation).

- Certificate of marriage or domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.
- Verification of current licensure in another state, district, or territory of the United States in the profession or vocation for which you are seeking licensure.




MILITARY HONORABLE DISCHARGE REQUIREMENTS

Note: If you meet the U.S. Armed Forces expedite requirement, please scan and attach a copy of the following documentation on the attachments page of this application.

- DD214 or other supporting documentation.

Name and Personal Details

- Enter your personal information on this screen.

Introduction	<h2>14 - RN Endorsement - Name and Personal Details</h2> <p>Your name must match EXACTLY as it appears on your photo identification.</p> <p>Items with an asterisk* are required for the online application. If your culture does not permit a First Name or Last Name please enter "." in the appropriate name field.</p> <p>Pursuant to Business and Professions Code section 30, you MUST provide either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). The number you provide will be used for purposes related to tax enforcement, compliance with a judgment or order for child or family support in accordance with Family Code section 17520, or for verification of licensure or examination status when a reciprocity agreement or comity exists between that state and California. If you fail to disclose your SSN or ITIN your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a penalty against you.</p> <p>With the exception of your SSN or ITIN this application and the information contained herein may be disclosed pursuant to a request made under the California Public Records Act.</p> <p>Press "Previous" to return to the previous screen.</p> <p>Enter your personal details and Press "Next" to continue.</p> <p>To save and exit this application, click on the "Cancel" button.</p> <table><tr><td>Title:</td><td><input type="text"/></td></tr><tr><td>* First Name:</td><td><input type="text" value="Zeline"/></td></tr><tr><td>Middle Name:</td><td><input type="text"/></td></tr><tr><td>* Last Name:</td><td><input type="text" value="Dion"/></td></tr><tr><td>* SSN/ITIN </td><td><input type="text" value="111886654"/></td></tr><tr><td>* Date of Birth</td><td><input type="text" value="06/08/1980"/> (mm/dd/yyyy)</td></tr><tr><td>* Gender:</td><td><input type="text" value="Female"/> ▼</td></tr></table> <p>Effective July 1, 2012, the Board of Registered Nursing is required to deny an application for licensure and to suspend the license/certificate/registration of any applicant or licensee who has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000 (AB 1424, Perea, Chapter 455, Statutes of 2011).</p> <div>Previous Next Cancel</div>	Title:	<input type="text"/>	* First Name:	<input type="text" value="Zeline"/>	Middle Name:	<input type="text"/>	* Last Name:	<input type="text" value="Dion"/>	* SSN/ITIN 	<input type="text" value="111886654"/>	* Date of Birth	<input type="text" value="06/08/1980"/> (mm/dd/yyyy)	* Gender:	<input type="text" value="Female"/> ▼
Title:		<input type="text"/>													
* First Name:		<input type="text" value="Zeline"/>													
Middle Name:		<input type="text"/>													
* Last Name:		<input type="text" value="Dion"/>													
* SSN/ITIN 		<input type="text" value="111886654"/>													
* Date of Birth		<input type="text" value="06/08/1980"/> (mm/dd/yyyy)													
* Gender:		<input type="text" value="Female"/> ▼													
Information Privacy Act															
Transaction Suitability Questions															
Application Questions															
Name and Personal/Organization Details															
Contact Details															
Education History															
Previous Name(s)															
Out of State RN License Information															
Work Location															
Healing Art Survey															
Discipline and Conviction Questions															
File Attachments															
Application Summary															

Contact Details

- Add an “Address of Record” here. The Board will use the mailing address, email address and/or telephone number for any follow-up correspondence.
- The “Address of Record” can be updated at any time throughout the application process. Just log into your BreZze account, and access the online application titled “RN-Change of Address”, located at the Quick Start Menu under the “Application Activities” section.

Introduction	14 - RN Endorsement - Add Address Details
Information Privacy Act	Items with an asterisk* are required for the online application.
Transaction Suitability Questions	For future contact by the Board, please include your e-mail address.
Application Questions	Enter/Update your address, phone number and email address and press "Continue" when done.
Name and Personal/Organization Details	Press "Back" to return the previous screen.
Contact Details	Address of Record
Education History	* Address Line 1: <input type="text" value="555 Main Street"/>
Previous Name(s)	Address Line 2: <input type="text" value="Apt 111"/>
Out of State RN License Information	Address Line 3: <input type="text"/>
Work Location	* City: <input type="text" value="Sacramento"/>
Healing Art Survey	* State: <input type="text" value="California"/>
Discipline and Conviction Questions	* Zip Code: <input type="text" value="95834"/>
File Attachments	County: <input type="text"/>
Application Summary	* Country: <input type="text" value="United States"/>
	Phone Number: <input type="text" value="916-555-5555"/>
	Extension: <input type="text"/>
	E-mail: <input type="text" value="rnapplcmt@testing.com"/>
	Alternate Phone: <input type="text"/>
	When entering a non-U.S. address, please select "Out of Country State" from the "State" pull-down menu. Then, enter your postal code in the format as required by your country's postal agency.
	Pursuant to the California Code of Regulations 1409.1, an address change must be reported to the Board within 30 days by way of mail, telephone, or the BRN webpage. The BRN is now assessing a citation and fine for violations of this section.
	Continue Back

Education History

- Enter your school information on this screen.
- School names are sorted alphabetically. If you do not see your school listed, select the “Other” option, located at the top of the list.
- Please leave “Expected Graduation Date” blank.

Introduction	<h3>14 - RN Endorsement - Add Education History</h3> <p>Please enter the following information. Please be aware that the following fields are required to be completed or your application will be considered incomplete: Name of Registered Nurse (RN) Program, Graduation Date, Degree/Program and School Address.</p> <p>DO NOT ENTER A FUTURE END DATE.</p> <p>Press "Continue" when you have finished entering data. Press "Cancel" to return to the previous screen.</p> <p>• Name of Registered Nursing (RN) Program <input type="text" value="A3018 - ARIZONA STATE UNIVERSITY"/></p> <p>Start Date <input type="text" value="01/10/2012"/> (mm/dd/yyyy)</p> <p>Expected Graduation Date <input type="text"/> (mm/dd/yyyy)</p> <p>Graduation Date <input type="text" value="12/10/2015"/> (mm/dd/yyyy)</p> <p>Degree/Program <input type="text" value="BSN -Bachelor of Science in Nursing"/></p> <p>School Address <input type="text" value="411 N Central Ave, Phoenix AZ, 85004"/></p> <p>Official transcripts submitted directly from the nursing school, must include all completed course work with the certificate/degree status conferred and must be sent directly to the California Board of Registered Nursing (BRN) by the Registrar's Office/Transcript Office.</p> <p>The BRN requires transcripts from all colleges and/or universities you attended that reflect courses required for a degree in nursing. This includes general education course requirements (anatomy, physiology, microbiology, general psychology, social sciences, oral and written communications) and all nursing courses.</p> <p>The BRN does not accept transcripts directly from the applicant. Transcripts must be sent directly from the school of nursing by mail (electronic or faxed transcripts are not accepted).</p> <p>For U.S Graduates:</p> <p>The California Board of Registered Nursing requires submission of the "Request for Transcript" form. www.rn.ca.gov/pdfs/applicants/end_transcript.pdf</p> <p>Please complete Section A of the form and then forward it to the director/representative of the academic program for completion of Section B.</p> <p>For International Graduates:</p> <p>A.) Send the Breakdown of Educational Program for International Nursing Programs form to your school with the Request for Transcript form. Also, provide the Certified English Translation form to your certified translator if your transcript is not in English. See Supplemental Application Instructions for International Graduates. http://www.rn.ca.gov/pdfs/applicants/end_intlgrads.pdf</p>
Information Privacy Act	
Transaction Suitability Questions	
Application Questions	
Name and Personal/Organization Details	
Contact Details	
Education History	
Previous Name(s)	
Out of State RN License Information	
Work Location	
Healing Art Survey	
Discipline and Conviction Questions	
File Attachments	
Application Summary	

Previous Name(s)

- On the Previous Name(s) screen, click the “Add” button in order to add any previous name information.
- This will help us in locating transcripts and other documents that may come to our Board under a previously used last name, etc.
- If you do not have any previous names, simply click the “Next” button.

14 - RN Endorsement - Previous Name(s) - Information

Enter any previous name(s) you have. Previous name(s) include i.e. maiden name, also known as (AKA) and alias. Items with an asterisk(*) are required for the online application.

Press the "Edit" link to edit the record.

Press the "Remove" link to remove the record.

Press "Add" to add a new record.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

First Name	Middle Name	Last Name	Suffix (Jr, Sr, II)

< >

Add Previous Next Cancel

Out of State RN License Information

- Enter information for where you hold a current and active out-of-state RN license (if you hold multiple active licenses, only information for one active RN license is required).
- If your other State Board of Nursing participates in Nursys online licensure verification, be sure to have that verification registered on the Nursys website and sent to the California Board of Registered Nursing.

Introduction	<h2>14 - RN Endorsement - Out of State RN License Information - Information</h2> <p>The following request for data pertains to the U.S. State/U.S. Territory or Canadian Province where you hold a current and active Registered Nurse (RN) license and the U.S. State/U.S. Territory or Canadian Province where you were licensed by examination. Items with an asterisk (*) are required for the online application.</p> <p>Press "Previous" to return to the previous section.</p> <p>Enter appropriate details and press "Next" to continue.</p> <p>To save and exit this application, click on the "Cancel" button.</p>
Information Privacy Act	
Transaction Suitability Questions	
Application Questions	
Name and Personal/Organization Details	
Contact Details	
Education History	
Previous Name(s)	
Out of State RN License Information	
Work Location	
Healing Art Survey	
Discipline and Conviction Questions	
File Attachments	
Application Summary	

U.S. State/U.S. Territory or Canadian Province where you hold a current and active Registered Nurse (RN) License?

RN License Number:

RN License Issue Date: (mm/dd/yyyy)

RN License Expiration Date: (mm/dd/yyyy)

U.S. State/U.S. Territory or Canadian Province where you were licensed by examination as a Registered Nurse (RN)?

RN License Number:

RN License Issue Date: (mm/dd/yyyy)

* Which RN Exam did you pass?

The California Board of Registered Nursing requires submission of the Verification of License form from your U.S. state board/U.S. Territory or Canadian Province of nursing OR if your Board of Nursing participates in Nursys®, visit <https://www.nursys.com/> to complete a paperless verification online.

In addition, international graduates must submit license verification from your Board of Nursing where you took the examination (NCLEX-RN, SBTPE, or five-part licensing examination in Canada).

Work Location

- Click the “Add” button to complete this optional survey which will help us gather information on health professionals’ shortages and improve access to patient care.
- If you do not wish to complete this optional survey, simply click the “Next” button.

Introduction

Information Privacy Act

Transaction Suitability Questions

Application Questions

Name and Personal/Organization Details

Contact Details

Education History

Previous Name(s)

Out of State RN License Information

Work Location

Healing Art Survey

Discipline and Conviction Questions

File Attachments

Application Summary

14 - RN Endorsement - Work Location - Information

Please consider completing the following optional survey questions relating to your work in the healing arts profession. Completion of the survey helps determine health professionals' shortages and improves access to patient care. If you do not wish to complete this component of the survey, select 'Next' at the bottom of the screen to proceed forward with your application.

Please select 'Add' below to add information relevant to one or more of your current work locations. You will be allowed to enter more than one work location.

Press the "Edit" link to edit the record.

Press the "Remove" link to remove the record.

Press "Add" to add a new record.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

Years with Employer	Self Employed	County	Zip Code	Health Occupation	Work Hours	Acute Care Hospital	Home Care/Durable Medical Equipment	Long-Term Acute Care	Skilled Nursing Facility	Accredited Education Program	Manufacturing
---------------------	---------------	--------	----------	-------------------	------------	---------------------	-------------------------------------	----------------------	--------------------------	------------------------------	---------------

Add

Previous

Next

Cancel

Healing Art Survey

- Similar to the Work Location survey, the optional Healing Art Survey will assist in gathering information on shortages and other relevant data.
- If you do not wish to complete this optional survey, simply click the “Next” button.

Introduction

Information Privacy Act

Transaction Suitability Questions

Application Questions

Name and Personal/Organization Details

Contact Details

Education History

Previous Name(s)

Out of State RN License Information

Work Location

Healing Art Survey

Discipline and Conviction Questions

File Attachments

Application Summary

14 - RN Endorsement - Healing Art Survey - Information

Please consider completing the following optional survey questions relating to your healing arts profession. Completion of the survey helps determine health professionals' shortages and improves access to patient care. If you do not wish to complete this component of the survey, select 'Next' at the bottom of the screen to proceed forward with your application.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

Additional Credentials/Certificates:

Are you presently pursuing credentials or certifications in addition to your previously obtained qualifying degree? ☐ Yes ☐ No

If you answered 'Yes' to the previous question, please enter the name of the credential/certification:

If you are pursuing additional credentials or certifications, what is the expected year of completion (e.g. 2018)?

If applicable, please enter the name of the school at which you are pursuing your additional credential/certification:

If applicable, please enter the address of the school at which you are pursuing your additional credential/certification:

Cultural/Ethnic Background:

If you identify your cultural/ethnic background as African American, please select 'Yes.' ☐ Yes ☐ No

If you identify your cultural/ethnic background as American Indian/Native American/Alaskan Native, please select 'Yes.' ☐ Yes ☐ No

If you identify your cultural/ethnic background as Caucasian/White European/Middle Eastern, please select 'Yes.' ☐ Yes ☐ No

If you identify your cultural/ethnic background as Latino/Hispanic, please select 'Yes.' ☐ Yes ☐ No

If you identify your cultural/ethnic background as Latino/Hispanic, please select the appropriate value from the dropdown options.

If you identify your cultural/ethnic background as Asian, please select 'Yes.' ☐ Yes ☐ No

If you identify your cultural/ethnic background as Asian, please select the appropriate value from the dropdown options.

If you identify your cultural/ethnic background as Native Hawaiian/Pacific Islander, please select 'Yes.' ☐ Yes ☐ No

If you identify your cultural/ethnic background as Native Hawaiian/Pacific Islander, please select the appropriate value from the dropdown options.

If you do not identify with any of the cultural/ethnic backgrounds listed in this survey, please select 'Yes.' ☐ Yes ☐ No

If you decline to state your cultural/ethnic background, please select 'Yes.' ☐ Yes ☐ No

Discipline and Conviction Questions

- These questions relate to the applicant's prior discipline or conviction information.
- Please note, answering "Yes" to any of these questions may extend processing time.

Introduction	14 - RN Endorsement - Discipline and Conviction Questions - Information
Information Privacy Act	Please answer the following questions. Items with an asterisk (*) are required for the online application.
Transaction Suitability Questions	Press "Previous" to return to the previous section.
Application Questions	Enter appropriate details and press "Next" to continue.
Name and Personal/Organization Details	To save and exit this application, click on the "Cancel" button.
Contact Details	
Education History	
Previous Name(s)	
Out of State RN License Information	
Work Location	
Healing Art Survey	
Discipline and Conviction Questions	
File Attachments	
Application Summary	

14 - RN Endorsement - Discipline and Conviction Questions - Information

Please answer the following questions. Items with an asterisk (*) are required for the online application.

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

* Have you ever had disciplinary proceedings against any license as a RN or any health-care related license or certificate including revocation, suspension, probation, voluntary surrender, or any other proceeding in any state or country? ☐ Yes ☐ No

If yes, mail to the Board a detailed written explanation, including the date and state or country where the discipline occurred.

* Have you ever been convicted of any offense other than minor traffic violations? ☐ Yes ☐ No

If yes, mail to the Board a detailed written explanation which fully describes the incident as stated in the applicant instructions. Convictions must be reported even if they have been adjudicated, dismissed or expunged or if a diversion program has been completed under the Penal Code or Article 5 of the Vehicle Code. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. YOU MUST INCLUDE MISDEMEANOR AS WELL AS FELONY CONVICTIONS.

* Have you ever been denied an RN or any other health-care related license in any state/territory? ☐ Yes ☐ No

If yes, mail to the Board a detailed written explanation, including the date and state or country where the denial occurred.

I understand that I am required to report immediately to the California Board of Registered Nursing if I am convicted of ANY offense that occurs between the date of this application and the date that a California license/certificate is issued. I am also required to report to the California Board of Registered Nursing ANY disciplinary action and/or voluntary surrender against ANY health-care related license/certificate that occurs between the date of this application and the date the California license/certificate is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license/certificate.

[Previous](#) [Next](#) [Cancel](#)

File Attachments

- You can upload multiple documents to your online application. Please note, after clicking “Browse” and selecting the file on your computer, you MUST click the “Attach” button at the bottom of the screen each time you add a new file. If you do not click the “Attach” button before continuing with the online application, your file(s) will NOT be uploaded.
- The screenshots below are a comparison – the screenshot labeled “1” shows a file that has been selected from the computer but has NOT YET been attached. The screenshot labeled “2” shows a file that is successfully attached. You will see the message “Files Uploaded” when you have successfully attached your document(s).
- PLEASE MAKE SURE TO VERIFY THAT YOUR FILE(S) ARE ATTACHED CORRECTLY BEFORE CONTINUING WITH THE APPLICATION.

1 – Not Attached

The screenshot shows the '14 - RN Endorsement - Attachments' screen. The left sidebar contains a list of navigation items: Introduction, Information Privacy Act, Transaction Suitability Questions, Application Questions, Name and Personal/Organization Details, Contact Details, Education History, Previous Name(s), Out of State RN License Information, Work Location, Healing Art Survey, Discipline and Conviction Questions, File Attachments (highlighted), and Application Summary. The main content area has the title '14 - RN Endorsement - Attachments' and the text 'The following items may be attached to your online application:'. Below this, there are three numbered instructions: 1. The online Application for Licensure by Endorsement Identification form completed and signed by the applicant. This form can be found at: <http://m.ca.gov/pdfs/applicants/endidform.pdf>; 2. One recent 2 X 2 passport size photograph; 3. A copy of the completed Live Scan form, if applicable. Below the instructions, there are three lines of text: 'Locate a file with the "Browse" button and press "Attach" or "Remove" as required.', 'Press "Next" when there are no more files to attach.', and 'Press "Previous" to return to the previous screen.' Below this, there is a text box for 'File Name:' containing 'C:\Users\lmmzett\Desktop\ID form.docx' and a 'Browse...' button. Below the text box, there is a text box for 'Notes:' containing 'Endorsement Identification form'. Below the text boxes, there is a paragraph: 'You can attach more than one file to your application. Click the Attach button each time you add a new file. Once the online application is submitted, you will not be able to attach any documents.' Below this, there is a paragraph: 'If you did not attach the online Endorsement Identification Form and a recent 2 X 2 passport size photograph you must mail them to the Board of Registered Nursing at:'. Below this, there is a paragraph: 'Board of Registered Nursing Licensing Unit P. O. Box 944210 Sacramento, CA 94244-2100'. Below this, there is a paragraph: 'Temporary License: If requesting a Temporary RN License, please submit the Endorsement Identification Form and a \$50.00 check or money order payable to the Board of Registered Nursing. Mail the form and check to the address above.' At the bottom, there are four buttons: 'Attach', 'Previous', 'Next', and 'Cancel'.

2 - Attached

The screenshot shows the '14 - RN Endorsement - Attachments' screen. The left sidebar contains a list of navigation items: Introduction, Information Privacy Act, Transaction Suitability Questions, Application Questions, Name and Personal/Organization Details, Contact Details, Education History, Previous Name(s), Out of State RN License Information, Work Location, Healing Art Survey, Discipline and Conviction Questions, File Attachments (highlighted), and Application Summary. The main content area has the title '14 - RN Endorsement - Attachments' and the text 'The following items may be attached to your online application:'. Below this, there are three numbered instructions: 1. The online Application for Licensure by Endorsement Identification form completed and signed by the applicant. This form can be found at: <http://m.ca.gov/pdfs/applicants/endidform.pdf>; 2. One recent 2 X 2 passport size photograph; 3. A copy of the completed Live Scan form, if applicable. Below the instructions, there are three lines of text: 'Locate a file with the "Browse" button and press "Attach" or "Remove" as required.', 'Press "Next" when there are no more files to attach.', and 'Press "Previous" to return to the previous screen.' Below this, there is a text box for 'File Name:' containing 'ID form.docx' and a 'Browse...' button. Below the text box, there is a text box for 'Notes:'. Below the text boxes, there is a paragraph: 'You can attach more than one file to your application. Click the Attach button each time you add a new file. Once the online application is submitted, you will not be able to attach any documents.' Below this, there is a paragraph: 'If you did not attach the online Endorsement Identification Form and a recent 2 X 2 passport size photograph you must mail them to the Board of Registered Nursing at:'. Below this, there is a paragraph: 'Board of Registered Nursing Licensing Unit P. O. Box 944210 Sacramento, CA 94244-2100'. Below this, there is a paragraph: 'Temporary License: If requesting a Temporary RN License, please submit the Endorsement Identification Form and a \$50.00 check or money order payable to the Board of Registered Nursing. Mail the form and check to the address above.' At the bottom, there are four buttons: 'Attach', 'Previous', 'Next', and 'Cancel'.

Application Summary

- The Application Summary screen is an overview of all the information you have entered for your online application. Review the accuracy of the information before continuing.

Introduction	14 - RN Endorsement - Application Summary	
Information Privacy Act	NOTICE:	
Transaction Suitability Questions	Recent legislation has passed requiring the Board to collect certain demographic data relating to our licensees at the time of licensure and renewal and report this data to the Office of Statewide Health Planning and Development. Completion of this survey will help the State analyze and report gaps in the health care workforce in California to the California Legislature.	
Application Questions	You are required to complete a short survey to comply with this legislation when you receive your initial license and at renewal. The survey is available for you at https://www.dca.ca.gov/webapps/oshpd_survey.php . Please go to this web address and complete the survey at this time. Instructions will be provided in the survey.	
Name and Personal/Organization Details	Once you have completed this survey, please submit the application.	
Contact Details	Press "Previous" to the return to the previous section.	
Education History	Review the data and press "Proceed to Payment" to submit this application.	
Previous Name(s)	To save and exit this application, click on the "Cancel" button.	
Out of State RN License Information	14 - RN Endorsement Summary	
Work Location	License Type:	Registered Nurse
Healing Art Survey	Application Date:	11/22/2017 (mm/dd/yyyy)
Discipline and Conviction Questions	Application Questions	
File Attachments	Will you be requesting a Temporary License? If "Yes", this will add an additional \$50.00 to your application fee. For additional information please refer to section VIII of the Endorsement Application Instructions.	Yes
Application Summary	Did you graduate from a Registered Nursing program located in the United States of America/US territory? For additional information, please refer to section VI of the Endorsement application instructions.	Yes
	Will you be submitting fingerprints via a fingerprint hard card? If "Yes", this will add an additional \$49.00 to your application fee. To request a fingerprint card or Live Scan form, refer to the following instructions below: REQUESTING FINGERPRINT CARD/LIVE SCAN FORM	Yes
	Have you served or are you currently serving in the military?	No
	Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the Armed Forces? If "Yes", refer to the following instructions below regarding MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS.	No
	Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces?	No
	Personal Details	
	Title:	
	First Name:	Zeline
	Middle Name:	
	Last Name:	Dion

Attestation

- Review the Attestation statement before clicking “Yes”.
- Please note that paid application fees are not refunded for any reason.

Introduction	14 - RN Endorsement - Attestation
Information Privacy Act	Press "Previous" to return to the previous section.
Transaction Suitability Questions	Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue.
Application Questions	To save and exit this application, click on the "Cancel" button.
Name and Personal/Organization Details	I declare under penalty of perjury under the laws of the State of California that the information contained in this application and, if necessary, copies of all documents submitted as part of the application are true and correct and that I have read and understand the disclosure statements provided in the instructions for this application. I hereby grant the Department of Consumer Affairs entity permission to verify any information contained in this application.
Contact Details	I understand that the Application for Licensure by Endorsement fee is an earned fee; therefore, if an applicant is found ineligible the application fee is not refunded.
Education History	<input checked="" type="radio"/> Yes
Previous Name(s)	<input type="radio"/> No
Out of State RN License Information	Previous Proceed to Payment Cancel
Work Location	
Healing Art Survey	
Discipline and Conviction Questions	
File Attachments	
Application Summary	

Fee and Summary Report

- You will be shown a summary of required fees. Please click the “Pay Now” button to begin payment.
- Please submit payment the same day you submit the online application. Applications received without payment will NOT be processed.

Fee and Summary Report

All supporting documentation not attached to this online application must be mailed to:

Board of Registered Nursing
Licensing Unit
P. O. Box 944210
Sacramento, CA 94244-2100

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.

You are required to pay the amount below for your application to be processed.

Press "Pay Now" to proceed to the fee payment page.

Press "Add to Cart" to Add to Shopping Cart and return to the main menu.

Fees

DOJ - Hard Card Processing Fee:	\$32.00
RN Endorsement Application Fee:	\$100.00
TempLicFeeRN:	\$50.00
FBI - Hard Card Processing Fee:	\$17.00

Total Amount Due: \$199.00

[Pay Now](#)[Add to Cart](#)[View PDF Summary Report](#)

- After submission of payment, a copy of your payment receipt will be available on your BreZe profile home page, shown below.

Quick Start Menu

To start, choose an option, and you will return to this Quick Start menu after you have finished.

License/Registration Information

No License Information Available

Applicant Activities

Manage your application

Registered Nurse - RN File #2158630

<Choose Application> ▼

Select

Applications

Start a New Application or Take an Exam

<Choose Board> ▼

<Choose Application> ▼

Select

View Application Status

Additional Activities

Payment Receipts (2)

Select

Add Authorized Representative

Select

License Notification Subscriptions

Select

Checking Your Application Status

- After submitting an Endorsement application, applicants can check their current status from their BreEZe account by clicking on the “Details” button under the “View Application Status” heading.

Quick Start Menu

To start, choose an option, and you will return to this Quick Start menu after you have finished.

License/Registration Information

No License Information Available

Applicant Activities

- Manage your application**
 - Registered Nurse - RN File #2158628
<Choose Application> **Select**
 - Registered Nurse - RN File #2158629
<Choose Application> **Select**

Additional Activities

- Add Authorized Representative** **Select**
- License Notification Subscriptions** **Select**

Applications

- Start a New Application or Take an Exam**
 - <Choose Board> **Select**
 - <Choose Application> **Select**
- View Application Status**
 - Board of Registered Nursing - 1 - RN Initial Exam Application Status: Withdrawn **Details**
 - Board of Registered Nursing - 14 - RN Endorsement Status: Pending **Details**

Checking Your Application Status (cont'd)

- When clicking on the “Details” button, if there are no deficiencies listed, OR if you see a message that only says “Missing Education History”, this means your application has been received but has **NOT YET** been evaluated. This message does NOT mean that we have not received your transcripts – only that your application is still pending review.
- For application processing times, please refer to our website at www.rn.ca.gov and click on the “Processing Times” link on the right.

Quick Start Menu
To start, choose an option, and you will return to this Quick Start menu after you have finished.

License/Registration Information
No License Information Available

Applicant Activities

- Manage your application
Registered Nurse - RN
<Choose Application>
Registered Nurse - RN
<Choose Application>

Applications

- Start a New Application
<Choose Board>
<Choose Application>
- View Application Status
Board of Registered Nursing Application

Submission Date 11/22/2017
Application Name 14 - RN Endorsement
Status Open
Deficiencies 1. Missing Education history
Notes

Done

Board of Registered Nursing - 14 - RN Endorsement Status: Pending **Details**

Checking Your Application Status (cont'd)

- If there are deficiencies listed, the application has been evaluated and is awaiting receipt of additional requirements.

The screenshot displays a web application interface for checking application status. The main content area is titled "Quick Start Menu" and includes a sub-header "To start, choose an option, and you will return to this Quick Start menu after you have finished." Below this, there are two main sections: "Applicant Activities" and "Applications".

The "Applicant Activities" section contains a list of activities with checkboxes and buttons:

- ☒ Manage your application
- ☐ Registered Nurse - RN
-
- ☐ Registered Nurse - RN
-

The "Applications" section contains a list of applications with checkboxes and buttons:

- ☒ Start a New Application
-
-
- ☒ View Application Status
-

The "View Application Status" section shows the application details for "Board of Registered Nursing - 14 - RN Endorsement". The status is "Pending". A "Details" button is visible.

The application details are displayed in a table:

Submission Date	11/22/2017
Application Name	14 - RN Endorsement
Status	Open
Deficiencies	<ol style="list-style-type: none">* Completed "Online Licensure by Endorsement Applicant Identification" form.* Official license verification from a State Board of Nursing or Nursys, where you hold a current and active RN license.
Notes	

The "Deficiencies" section is highlighted with a red border. A "Done" button is located at the bottom right of the application details section.

At the top right, there is a "License/Registration Information" section with the text "No License Information Available".

Checking Your Application Status (cont'd)

- Upon application approval, your RN license information will be shown in the top right corner of your BreEZe profile home page, seen below. Your license information will also be viewable to the public on our online license verification system at www.breeze.ca.gov
- The “Manage your license information” menu allows you to submit a Change of Address application for your license, as well as other items.

The screenshot displays the BreEZe profile home page. At the top right, a box titled "License/Registration Information" shows the "License/Registration Number: 95144734" and "License/Registration Type: Registered Nurse". A "Show Details" button is next to it. Below this, the "Quick Start Menu" section contains the instruction: "To start, choose an option, and you will return to this Quick Start menu after you have finished." The "License Activities" section on the left has a red box around the "Manage your license information" option, which shows "Registered Nurse 95144734" and a dropdown menu with "<Choose Application>" and a "Select" button. The "Additional Activities" section on the right includes "Add Authorized Representative" and "License Notification Subscriptions", each with a "Select" button.

License/Registration Information		Show Details
License/Registration Number:	95144734	
License/Registration Type	Registered Nurse	

Quick Start Menu

To start, choose an option, and you will return to this Quick Start menu after you have finished.

License Activities

- Manage your license information
- Registered Nurse 95144734
- <Choose Application> [v]
- Select

Additional Activities

- Add Authorized Representative [Select]
- License Notification Subscriptions [Select]